

Commercially Insured Patient Coupon

Pay as little as \$15 on Insured Covered Claims

Patient's Insurance MUST be entered as the primary payer.

CETRAXAL[®]
(ciprofloxacin otic
solution) 0.2%

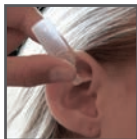

OTOVEL[®]
ciprofloxacin 0.3% and
fluocinolone acetonide 0.025%

Cetraxal NDC 66992-450-14 • Cetraxal Authorized Generic NDC 42195-0550-14
Otovel NDC 66992-0128-14 • Otovel Authorized Generic NDC 42195-0128-14

Provides a simple and accurate dosing system.



OPEN



SQUEEZE



DISCARD

Claims Processor: **Drex**i Person Code: **01**

Bin # **017290** Group # **GX1000** PCN # **55101202**

Cardholder ID # **19062468510**

***Attention Patient:** If your prescription drug plan covers Cetraxal or Otovel present this coupon to the pharmacist and your Co-Pay will be reduced to as low as \$15, excluding any annual drug deductibles, as long as the coupon maximums are not exceeded. If your prescription drug plan rejects the claim your Co-Pay will be reduced to as little as \$20.

Remember to restore patient profile to Primary PBM after claim submission.

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KEY
THERAPEUTICS

Cash Pay Patient Coupon

Pay as little as \$40

Patient's Insurance **MUST** be entered as the primary payer.

CETRAXAL[®]
(ciprofloxacin otic
solution) 0.2%


OTOVEL[®]
ciprofloxacin 0.3% and
fluocinolone acetonide 0.025%

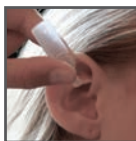
Cetraxal NDC 66992-450-14 • Cetraxal Authorized Generic NDC 42195-0550-14

Otovel NDC 66992-0128-14 • Otovel Authorized Generic NDC 42195-0128-14

Provides a simple and accurate dosing system.



OPEN



SQUEEZE



DISCARD

Claims Processor: **Drex**i Person Code: **01**

Bin # **017290** Group # **DD420** PCN # **55101202**

Cardholder ID # **142000123456**


***Attention Patient:** If your prescription drug plan covers Cetraxal or Otovel present this coupon to the pharmacist and your Co-Pay will be reduced to as low as \$15, excluding any annual drug deductibles, as long as the coupon maximums are not exceeded. If your prescription drug plan rejects the claim your Co-Pay will be reduced to as little as \$20.

Remember to restore patient profile to Primary PBM after claim submission.

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KEY
THERAPEUTICS

CETRAXAL[®]
**(ciprofloxacin otic
solution) 0.2%**


OTOVEL[®]
ciprofloxacin 0.3% and
fluocinolone acetonide 0.025%

Cetraxal NDC 66992-450-14 • Cetraxal Authorized Generic NDC 42195-0550-14

Otovel NDC 66992-0128-14 • Otovel Authorized Generic NDC 42195-0128-14

This coupon may only be used for commercially insured patients (OCC8 for commercially approved claims and OCC3 for commercially not approved claims). There is no Cash Pay value with this program. This coupon is not valid with prescriptions reimbursed under Medicare, Medicaid, or any other federal or state program, or where prohibited by law. Where third party reimbursement covers a portion of your prescriptions, this coupon is valid for only a portion of the amount of your actual out-of-pocket expenses. Offer valid for prescriptions filled in the United States. Key Therapeutics, LLC. reserves the right to discontinue this offer at anytime. This coupon cannot be combined with any other rebate or coupon, free trial, or similar offer for the specified prescription. The discount will be accepted only at participating pharmacies. This is not a form of insurance.

Pharmacy Instructions Commercially Insured

Patients: Submit this claim to the patient's prescription insurance first, then submit a secondary claim to Drexia under BIN: 017290 / PCN: 55101202 as a Secondary Payer COB [coordination of benefits] using Other Coverage Code 8. The patient co-pay amount submitted will be reduced by the plan maximum benefit. If the patient's prescription insurance rejects the claim you may file as an OCC3 claim for a reduced Co-Pay.

Processing information:

Drexia

BIN: 017290

PCN: 55101202


GROUP NUMBER: DD420

PHARMACY HELP DESK: 1-844-728-3479



Patient Co-Pay Examples

Co-Pay Assistance Program Details	CETRAXAL (ciprofloxacin otic solution) 0.2%
Insured Approved Co-Pay As Little As	\$10
Insured Not Approved Co-Pay As Little As	\$20
Cash Patient Co-Pay As Little As	\$40

Co-Pay Assistance Program Details	 OTOVEL ciprofloxacin 0.3% and fluocinolone acetonide 0.025%
Insured Approved Co-Pay As Little As	\$20
Insured Not Approved Co-Pay As Little As	\$40
Cash Patient Co-Pay As Little As	\$50

Outcomes will vary based on Patient Payment Type, Coverage, Deductible and Program Maximum Benefits.